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CONFIRMATION NO. 8939

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/655,980 | | 604 | 3737 | P0011669.00/LG10126 |

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/05/2003

| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance JML Initials | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|---|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | MN | 15 | 43 | 3 |

ADDRESS

MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MN 55432-9924
 UNITED STATES

TITLE

Deflectable medical therapy delivery device having common lumen profile

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|-----------------------------|---|--|
| FILING FEE RECEIVED 1864 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
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